

# Marmottes / Marmots Sassièrè

Date: 05/07/2020 Time: 11h00 N° fiche / sheet: 57 Opérateur / Handling: SP N° individu: 2050 capture id: 11857

Si marmotton: date émergence: 04/07/2020 nb:  implant: \_\_\_\_\_

|  |                       |                              |  |                         |                                   |   |                                  |
|--|-----------------------|------------------------------|--|-------------------------|-----------------------------------|---|----------------------------------|
| Territoire: <u>X</u><br><i>Territory</i> | Connu<br><i>known</i> | yes <input type="checkbox"/> | no <input checked="" type="checkbox"/> | Statut<br><i>social</i> | Dominant <input type="checkbox"/> | Sub <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |
|  |                       |                              |  |                         |                                   |   |                                  |

## Measures

Masse corporelle / *Body mass* (g) 170

L. mandibule / *Jaw* (mm) 38,1

L. Patte ant. / *Forefoot* (mm) 33,1

L. Cubitus / *Ulna* (mm) 35,8

L. Patte post. / *Hindfoot* (mm) 41,6


L. Tibia (mm) 41

L. TC / *Body length* (cm) 17,5

Larg. Tête zygomatique / *Zygomatic width* (mm) 34,7

Larg. Bassin / *Basin width* (mm) 20,2

Dist. Ano-Génitale (mm) (*marmotton/pup only*) 10,6

|         |   |  |
|---------|---|--|
| Marking | Transpondeur n°  956000006369108 | Paint  |
|         | Metal n° <u>0293</u>  | Oreille ear G/Left <input checked="" type="checkbox"/> D/Right <input type="checkbox"/>  |
|         | Plastic n° _____  | Oreille ear G/Left <input type="checkbox"/> D/Right <input type="checkbox"/> color _____ |

|     |  |   |
|-----|--|---|
| Age | 0 Marmotton <input checked="" type="checkbox"/> <i>Pup</i> | 2 ans <input type="checkbox"/> <i>2 years old</i> |
|     | 1 an <input type="checkbox"/> <i>Yearling</i>              | ≥ 3 ans <input type="checkbox"/> <i>≥ 3 y</i>     |

|              |  |   |  |                                  |  |                             |
|--------------|--|---|--|----------------------------------|--|-----------------------------|
| Statut Repro | Male <input checked="" type="checkbox"/> | Scrotal yes <input type="checkbox"/>              | no <input checked="" type="checkbox"/> | unknown <input type="checkbox"/> |  |                             |
|              | Female <input type="checkbox"/>          | Allaitante Lactating yes <input type="checkbox"/> | no <input type="checkbox"/>            | unknown <input type="checkbox"/> | Gestante Pregnant yes <input type="checkbox"/> | no <input type="checkbox"/> |

## Nombre Echantillons / *Number of Samples*

|   |  |
|---|--|
| Feces parasito <input type="checkbox"/>                         | TV / <i>Green tube</i> <input checked="" type="checkbox"/> |
| Poils / <i>Hair</i> <input checked="" type="checkbox"/>         | TR / <i>Red tube</i> <input type="checkbox"/>              |
| Biopsy <input checked="" type="checkbox"/>                      | TV extact <input checked="" type="checkbox"/>              |
| Frotti / <i>Blood smear</i> <input checked="" type="checkbox"/> | TR extact <input type="checkbox"/>                         |

Comments: \_\_\_\_\_